



The following personnel of this Department are authorized to approve “campus requisitions” and to submit requests for service which have fiscal implications for the following account. Sample signatures are indicated.

Department: \_\_\_\_\_

Account Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name _____	Signature _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dean or Vice-President’s approval

Signature \_\_\_\_\_ Date \_\_\_\_\_

If there are restrictions as to the amount to be committed by a particular individual, please so indicate.

RETURN TO CONTROLLER’S OFFICE – SWORDS HALL – ROOM 103